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CONFIRMATION NO. 3704

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|---|---|------------------------------|---|----------------------------------|----------------------------|
| SERIAL NUMBER<br>10/802,398   | FILING DATE<br>03/17/2004<br><br>RULE   | CLASS<br>091                 | GROUP ART UNIT<br>3745  | ATTORNEY DOCKET NO.<br>HGM-139-A |                            |
| <b>APPLICANTS</b><br>Katsuhiko Ito, Saitama, JAPAN;<br>Shinya Koyama, Saitama, JAPAN;<br>Kazuhiro Yasuda, Saitama, JAPAN;<br>** CONTINUING DATA .....<br><i>in none</i><br>** FOREIGN APPLICATIONS .....<br>JAPAN 2003-096813 03/31/2003<br><i>in</i><br>IF REQUIRED, FOREIGN FILING LICENSE GRANTED<br>** 06/03/2004 |   |                              |   |                                  |                            |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>Verified and Acknowledged <i>Examiner's Signature</i> <i>Met after Allowance</i> <i>Initials</i>               |   | STATE OR<br>COUNTRY<br>JAPAN | SHEETS<br>DRAWING<br>8  | TOTAL<br>CLAIMS<br>13            | INDEPENDENT<br>CLAIMS<br>3 |
| <b>ADDRESS</b><br>21828<br>CARRIER BLACKMAN AND ASSOCIATES<br>24101 NOVI ROAD<br>SUITE 100<br>NOVI, MI<br>48375   |   |                              |   |                                  |                            |
| <b>TITLE</b><br>Hydraulic continuously variable transmission  |   |                              |   |                                  |                            |
| FILING FEE<br><br>RECEIVED<br>900   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                              | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                  |                            |